| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 2/20 |
| FORMALITY REVIEW | A M | 917 | 03-07-01 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ .............................. Rejected | | N ................................. Non-elected |
| = .............................. Allowed | | I ................................. Interference |
| − (Through numeral)... Canceled | | A ................................. Appeal |
| ÷ .............................. Restricted | | O ................................. Objected |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)